

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 99-0033/COA (8470-000114/COA)	
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> In re Application of Thodore G. Duclos et al. </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> <div> Application Number 10/624,869-Conf. #7658 </div> <div> Filed July 22, 2003 </div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> For Elastomeric Static Gasket </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <div> Art Unit 3676 </div> <div> Examiner M. J. Kyle </div> </div>			
<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <span style="float: right;">\$ 500.00</span></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ _____</span></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>08-0750</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>I am the</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> applicant /inventor. </div> <div style="border-top: 1px solid black; width: 200px; text-align: center;"> /Ryan W. Massey/ Signature </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) </div> <div style="border-top: 1px solid black; width: 200px; text-align: center;"> Ryan W. Massey Typed or printed name </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>38,543</u> </div> <div style="border-top: 1px solid black; width: 200px; text-align: center;"> (248) 641-1258 Telephone number </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____ </div> <div style="border-top: 1px solid black; width: 200px; text-align: center;"> November 9, 2006 Date </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.			